

APPLICATION FOR UNITED STATES LETTERS PATENT**Declaration and Power of Attorney**

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name: I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PERCUTANEOUS SURGICAL INSTRUMENTS AND METHODS USING THE SAME

the specification of which is attached hereto.

I have reviewed and understand the contents of said specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I claim priority benefits under 35 USC §119 of: (i) any foreign application(s) for patent or inventor's certificate listed below; or (ii) any United States provisional application(s) listed below; and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT international application having a filing date before that of the application(s) on which priority is claimed.

COUNTRY	APPLICATION NUMBER	DATE (day, month, year)	PRIORITY CLAIMED
United States	60/397,870	22 July 2002	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
			yes <input type="checkbox"/> no <input type="checkbox"/>

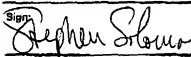
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I appoint the following attorneys to prosecute this application and to transact all business in the U.S. Patent & Trademark Office connected therewith: Leonard Holtz, Reg. No. 22,974; Herbert Goodman, Reg. No. 17,081; Marshall J. Chick, Reg. No. 26,653; Richard S. Barth, Reg. No. 28,180; Douglas Holtz, Reg. No. 33,902; and Robert P. Michal, Reg. No. 35,614.

CORRESPONDENCE AND CALLS TO: FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

767 Third Avenue - 25th Floor Tel.: (212) 319-4900
New York, New York 10017 Fax.: (212) 319-5101

INVENTOR: SIGNATURE**DATE****RESIDENCE AND POST OFFICE ADDRESS**

Sign:  Type: Stephen SOLOMON	Date: 7/22/03 Citizen of: U.S.	Residence (City & Country): Baltimore, MD, U.S.A. Post Office Address: 960 Fell Street - Apt. 516 Baltimore, MD 21231
Sign: _____ Type: _____	Date: _____ Citizen of: _____	Residence (City and Country): _____ Post Office Address: _____
Sign: _____ Type: _____	Date: _____ Citizen of: _____	Residence (City and Country): _____ Post Office Address: _____


Please type a plus sign (+) inside this box → [+]

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents Washington, D.C. 20231	Application Number	
	Filing Date	Herewith
	First Named Inventor	SOLOMON
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	03420/LH

Please change the Correspondence Address for the above-identified application to:		 01933 PATENT TRADEMARK OFFICE
[X]	Customer Number [01933] → Type Customer Number here	
OR		

[] Firm or Individual Name			
Address			
Address			
City		State	
Country		ZIP	
Telephone		Fax	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

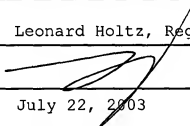
I am the:

[] Applicant/Inventor.

[] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[X] Attorney or Agent of record.

[] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name	Leonard Holtz, Reg. No. 22,974
Signature	
Date	July 22, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

[] Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.